

**Declaration and Power of Attorney  
Under Patent Cooperation Treaty  
35 USC §371(c)(4)**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural names are named below) of the invention entitled: ANTHRAZENE DERIVATIVES AND ORGANIC ELECTROLUMINESCENT DEVICES MADE BY USING THE SAME described and claimed in the international application number PCT/JP2003/009606 filed July 29, 2003 and as amended on \_\_\_\_\_ (if any), the specification and claims of which I have reviewed and understand and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

Japanese Patent Application No. 2002-225636 filed on August 2, 2002

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the patent office:

Roger W. Parkhurst, Reg. No. 25,177 and/or Charles A. Wendel, Reg. No. 24,453. Z

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO:**

PARKHURST & WENDEL, L.L.P.  
1421 PRINCE STREET, SUITE 210  
ALEXANDRIA, VIRGINIA 22314-2805  
TELEPHONE (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3.	Full Name of Sole or First Inventor	<u>Motohisa</u>	IDO	
		Given Name	Middle Initial	Family Name
*4.	Inventor's Signature	<u>Motohisa</u> <u>Ido</u>		
*5.	Date of Signature	November	24	2004
		Month	Day	Year
6.	Residence	<u>Chiba</u>	<u>PL</u>	Japan
	City	State or Province		Country
7.	Citizenship	Japan		
8.	Post Office address (Insert complete mailing address, including country)	<u>1280, Kamiizumi, Sodegaura-shi, Chiba, Japan</u>		

\* Note to the Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5. If there is more than one inventor, complete page 2, place "X" here [ ].

3. Full Name of additional Inventor Masakazu Given Name Middle Initial FUNAHASHI  
 Family Name

\*4. Inventor's Signature Masakazu Funahashi

\*5. Date of Signature November Month 24 Day 2004  
 Year

6. Residence Chiba JPX Japan  
 City State or Province Country

7. Citizenship Japan

8. Post Office address  
 (Insert complete mailing address, including country)  
1280, Kamiizumi, Sodegaura-shi, Chiba, Japan

\* \* \* \* \*

3. Full Name of additional Inventor Hiroshi Given Name Middle Initial TOKAIRIN  
 Family Name

\*4. Inventor's Signature Hiroshi Tokairin

\*5. Date of Signature November Month 24 Day 2004  
 Year

6. Residence Chiba JPX Japan  
 City State or Province Country

7. Citizenship Japan

8. Post Office address  
 (Insert complete mailing address, including country)  
1280, Kamiizumi, Sodegaura-shi, Chiba, Japan

\* \* \* \* \*

3. Full Name of additional Inventor Given Name Middle Initial Family Name

\*4. Inventor's Signature

\*5. Date of Signature Month Day Year

6. Residence City State or Province Country

7. Citizenship

8. Post Office address  
 (Insert complete mailing address, including country)